Figure SC850.F19.2. "Request for Reconsideration of Federal Findings - UCFE" (Separation Information Request)

STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF UNEMPLOYMENT COMPENSATION
BUREAU OF CLAIMS AND BENEFITS
REQUEST FOR INFORMATION OR RECONSIDERATION OF
FEDERAL FINDINGS - UCFE

LOCAL OFFICE NUMBER Orlando

TO: Department of the Navy
Naval Air Warfare Center
12350 Research Parkway
Orlando, FL 32826-3224

SECTION I. IDENTIFICATION DATA

1. NAME (Last, First, Middle; Maiden, if any)	2. SOCIAL SECURITY NUMBER(S)	3. DATE OF BIRTH
Doe, John	111-11-1111	10/16/62

4. POSITION TITLE	5. PLACE OF EMPLOYMENT
Program Analyst	Orlando, FL

6. REQUEST DATE OF("X" one and insert appropriate date)
[X] ES-931 [ ] ES-931-A 9/20/95

7. "X" one only CLAIMANT IS
[X] Regular Full-Time Employee
[ ] Intermittent or Part-Time Employee

8. CLAIMANT REQUESTS
[ ] a. Federal civilian service [ ] b. Federal civilian wages [ ] Reconsideration of findings
[X] Additional information
[ ] c. Periods of Federal civilian service
[X] d. Reason for separation

9. REASON(S) FOR REQUEST (Be specific; if additional space is needed, use continuation sheet)

Need reason for the discharge.

10. LIST OF SUPPORTING DOCUMENTS SUBMITTED BY CLAIMANT (Duplicate copy (ies) may be attached)

11. CLAIMANT'S SIGNATURE	12. DATE	13. SIGNATURE (State Agency Representative	14. DATE

SECTION II. FEDERAL AGENCY REPLY

INSTRUCTIONS: Federal agency complete Section II and return one (1) copy within 4 days.

15. CHECK "X" APPROPRIATE BLOCK AND EXPLAIN [ ] a. Additional information [ ] b. Reconsideration of findings

Discharge was due to misconduct. See attached proposal of removal, and notice of removal.

CERTIFICATION: I certify that the above or attached statement has been examined by me and to the best of my knowledge, is correct and complete.

16. SIGNATURE OF OFFICIAL	17. TITLE	18. DATE

19. NAME OF PARENT FEDERAL AGENCY (e.g., Dept. Army, FPC, Dept. Interior, NASA)	20. ADDRESS OF PAYROLL (if different from address shown above)
Department of the Navy	

RETURN TO: Division of Unemployment Compensation
Bureau of Claims and Benefits
Benefit Payments Section
Caldwell Building
Tallahassee, Florida 32301

LES FORM ES-934 (UCB-94) 5/84